

**TOWN OF FRANKLIN
HEALTH DEPARTMENT
355 East Central Street
Franklin, MA 02038
(508) 520-4905**

NO. _____

FEE N/A

APPLICATION FOR IRRIGATION WELL CONSTRUCTION PERMIT

Application is hereby made for a permit to construct () or repair () an individual well

Location Address

Lot Number

Name of Owner

Address of Owner

Is the Well within One Hundred Feet (100 ft.) of a Right-of-Way? _____

If Yes Type of Right-of-Way (i.e.) Railroad, Power Line, Communication Lines,
Pipelines, Channels, Conduits

Explain: _____

Installer _____

Address _____

Registration No. _____

Municipal Sewer ()

Septic Disposal System ()

A plot site plan shall be submitted with the application form for a well permit to the Board of Health, indicating the proposed location of the well, all buildings, boundary lines and septic systems. Wells shall be located at least 15 feet from any public or private way or street and 10 feet from lot lines, 50 feet from any septic tank and 100 feet from any leaching system or any other such greater distance as may be required by the Board of Health. Right-of-way within 100 feet and WELLHEAD shall be indicated on the Plot Plan.

Signed _____

Date: _____

Installation Date _____

Depth of Well _____

GPM _____

*** Please Be Advised**

Any work in or alteration of wetland areas must be reviewed and approved by the Franklin Conservation Commission prior to the start of any work.

Site Well Approval Application

Board of Health Franklin

Site Drawing

- **Sketch the property and location of the water supply. Include the scale of the drawing and distances to known sources of contamination (for example, contaminant plume, septic systems, gas tanks, factories, hazardous waste storage, drain tiles, animal pens, etc.)**
- **Show slope arrows from well and contamination sources, if lot is sloped**
- **Attach any extra sheets of other information, which may be useful in describing your situation**
(North)

SITE DRAWING

- BOH personnel may inspect this property to verify information provided and to determine comparable protection options. You may be contacted by phone for an appointment, or if more information is needed.
- NO CONSTRUCTION SHALL BEGIN UNTIL THE OWNER OR CONTRACTOR HAS RECEIVED A WRITTEN APPROVAL DOCUMENT.
- I certify to the best of my knowledge the information provided is true, complete, and correct. I understand that the information I provide will be used by the Department to determine if an approval can be granted and what construction specifications will be required to provide comparable protection. I further understand that in granting an approval the Department does not guarantee acceptable water quality or quantity.

Owner's Signature _____